

**STATE OF UTAH**  
**DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING**  
**APPLICATION FOR LICENSURE**  
**PHARMACIST**

**APPLICATION INSTRUCTIONS AND INFORMATION**

**General Statement:** The Utah Division of Occupational and Professional Licensing (DOPL) desires to provide courteous and timely service to all applicants for licensure. To facilitate the application process, **submit a complete application form including all applicable supporting documents and fees.** Failure to submit a complete application and supply all necessary information will delay processing and may result in denial of licensure. The fees are for processing your application and will not be refunded. **Please read all instructions carefully.**

**Address of Record:** The address you provide on this application will be your address of record. All correspondence from DOPL will be sent to that address. You are responsible to directly notify DOPL of any change to your address of record. Do not rely on a forwarding order.

**Social Security Number:** Your social security number is classified as a private record under the Utah Government Records Access and Management Act. It is used by DOPL as an individual identifier. It is also used for child support enforcement pursuant to Subsection 78-32-17(3) and is mandatory pursuant to Subsection 58-1-301(1), Utah Code Ann., which implements 42 U.S.C. 666(a)(13). If an SSN is not provided, the application is incomplete and may be denied.

**SUPPORTING DOCUMENTS AND FEES:**

**Note: An application is valid for up to six (6) months. If you fail to meet all licensure requirements within six months of submission of your application, you will be required to resubmit an application, including all applicable fees.**

**OPTION A. If you are requesting examination eligibility for initial licensure (i.e. you have never been licensed as a pharmacist in any state and need to take the NAPLEX and the Utah MPJE), complete the following in addition to submitting a completed application:**

1. Submit an official transcript including your date of graduation and degree earned from a pharmacy school accredited by the Accreditation Council on Pharmaceutical Education.

**NOTE 1:** A letter of completion from your school **does not** satisfy this requirement.

**NOTE 2:** Have the school send the transcript directly to DOPL. You may also have the school send the transcript to you for inclusion with your application so long as it is in a sealed envelope, bearing the school's stamp/seal on the envelope flap.

2. If your pharmacy education was completed at a foreign pharmacy school, submit a copy of your certificate of equivalency from the Foreign Pharmacy Graduate Examination Committee (FPGEC) of the NABP Foundation. See #4 of “Additional Important Information.”
3. Submit one or more of the following to document that you have met the 1,500-hour internship requirement. See #5 of “Additional Important Information” below.
  - ❑ Official form(s) from a pharmacy licensing board in another state or jurisdiction of the United States delineating the number of approved intern hours.
  - ❑ “Hours for Professional Experience Courses” form(s) and corresponding “Pharmacy Intern Hours Log” form(s), if practicing as an intern in Utah. (These forms are located in the Utah Pharmacy Intern application.)
4. Obtain passing scores on the NAPLEX and the Utah MPJE.

**NOTE: Full instructions on completing this requirement are listed in #6 of “Additional Important Information.” You must follow the steps exactly as outlined. Failure to do so will significantly delay the processing of your application and issuance of your Utah license.**

5. Bring your completed application to DOPL’s offices (*160 E. 300 S., Main Lobby, Salt Lake City*) to complete electronic fingerprinting using DOPL’s Identix equipment.

**OR**

Submit **three** applicant fingerprint cards (Form FD-258: white with blue lines) to be used by DOPL for a search through the files of the Bureau of Criminal Identification (BCI) and the Federal Bureau of Investigation (FBI). See “Additional Important Information.”

6. Submit a **\$235.00** non-refundable application-processing fee, made payable to “DOPL.” This fee includes a \$110.00 application fee for a pharmacist license, a \$90 fee for a Utah controlled substance (dispensing) license, a \$15 surcharge for a BCI fingerprint file search, and a \$20 surcharge for a FBI fingerprint file search.

**OPTION B. If you are requesting examination eligibility for licensure by endorsement (i.e. you have a current pharmacist license in the state from which you are transferring, have obtained a passing score on the NAPLEX, and only need to take the Utah MPJE), complete the following in addition to submitting a completed application:**

1. Request an official “License Transfer” from the National Association of Boards of Pharmacy (NABP), verifying each of the following to Utah. See #7 of “Additional Important Information” below for information in requesting a License Transfer.
  - graduation from a pharmacy school accredited by the Accreditation Council on Pharmacy Education

- 1,500 approved intern hours obtained in a U.S. state, territory, or possession
  - a passing score on the NAPLEX
  - verification of a current pharmacist license in good standing in your current U.S. state, territory, or possession, including indications that your pharmacist license has not been sanctioned
2. If your pharmacy education was completed at a foreign pharmacy school, submit a certificate of equivalency from the Foreign Pharmacy Graduate Examination Committee (FPGEC) of the NABP Foundation. See #4 of “Additional Important Information.”
  3. You must submit evidence of lawful practice as a licensed pharmacist for a minimum of 2,000 hours in the 2 years immediately preceding the date of your application to Utah **and** submit evidence that you have obtained sufficient continuing education credits in your current state of practice, **and** have not had a pharmacist license sanctioned in any form for any reason in any state for ten years prior to application in Utah.
  4. Obtain a passing score on the Utah MPJE.

**NOTE: Full instructions on completing this requirement are listed in #6 of “Additional Important Information.” You must follow the steps exactly as outlined. Failure to do so will significantly delay the processing of your application and issuance of your Utah license.**

5. Submit your completed application to DOPL’s offices (*160 E. 300 S., Main Lobby, Salt Lake City*) to complete electronic fingerprinting using DOPL’s Identix equipment.

**OR**

Submit **three** applicant fingerprint cards (Form FD-258: white with blue lines) to be used by DOPL for a search through the files of the Bureau of Criminal Identification (BCI) and the Federal Bureau of Investigation (FBI). See “Additional Important Information.”

6. Submit a **\$235.00** non-refundable application-processing fee, made payable to “DOPL.” This fee includes a \$110.00 application fee for a pharmacist license, a \$90 fee for a Utah controlled substance (dispensing) license, a \$15 surcharge for a BCI fingerprint file search, and a \$20 surcharge for a FBI fingerprint file search.

**OPTION C. If you do not fit the criteria for initial licensure (Option A) AND have not met the criteria for licensure by endorsement (Option B).**

**NOTE:** This option only applies to applicants who have taken NAPLEX, who may have obtained initial licensure in another state, but who have not completed the required 1,500 hours in an approved internship or who cannot document lawful practice as a licensed pharmacist for a minimum of 2,000 hours in the immediate past 2 years.

1. Request an official “License Transfer” from the National Association of Boards of Pharmacy (NABP), verifying each of the following to Utah. See #7 of “Additional Important Information” below for information in requesting a License Transfer.

2. Obtain a passing score on the Utah MPJE.

**NOTE: Full instructions on completing this requirement are listed in #6 of “Additional Important Information.” You must follow the steps exactly as outlined. Failure to do so will significantly delay the processing of your application and issuance of your Utah license.**

3. Submit your completed application to DOPL’s offices (*160 E. 300 S., Main Lobby, Salt Lake City*) to complete electronic fingerprinting using DOPL’s Identix equipment.

**OR**

Submit **three** applicant fingerprint cards (Form FD-258: white with blue lines) to be used by DOPL for a search through the files of the Bureau of Criminal Identification (BCI) and the Federal Bureau of Investigation (FBI). See “Additional Important Information.”

4. Submit a **\$235.00** non-refundable application-processing fee, made payable to “DOPL.” This fee includes a \$110.00 application fee for a pharmacist license, a \$90 fee for a Utah controlled substance (dispensing) license, a \$15 surcharge for a BCI fingerprint file search, and a \$20 surcharge for a FBI fingerprint file search.

**ADDITIONAL IMPORTANT INFORMATION:**

1. **Law and Rules:** You are required to understand all Utah laws and rules pertaining to your practice as a pharmacist in the state of Utah. The following applicable laws and rules are available on the Internet at [www.dopl.utah.gov](http://www.dopl.utah.gov):
  - ☐ Division of Occupational & Professional Licensing Act
  - ☐ General Rules of the Division of Occupational & Professional Licensing
  - ☐ Pharmacy Practice Act
  - ☐ Pharmacy Practice Act Rules
  - ☐ Utah Controlled Substances Act
  - ☐ Utah Controlled Substances Act Rules
  - ☐
2. **Current Documents:** Applications, statutes, rules, and forms are occasionally changed. Go to [www.dopl.utah.gov](http://www.dopl.utah.gov) to ensure you have the most recent version of these documents.
3. **Controlled Substance (Dispensing) License:** You must hold a Utah controlled substance license to dispense controlled substances in Utah.
4. **Foreign Pharmacy Graduate Certification Program:** For information concerning the Foreign Pharmacy Graduate Examination Committee Certification Program, contact National Association of Boards of Pharmacy (NABP): 1600 Feehanville Dr., Mount Prospect, IL 66056-6014, [www.nabp.net](http://www.nabp.net), or (847) 391-4406.

5. **Requirements for Internship:** The internship must consist of at least 1,500 hours obtained in Utah and/or in another state or territory of the United States.
- ❑ Internship hours completed in Utah must include at least 360 hours but not more than 900 hours in a college coordinated practical experience program as an integral part of the curriculum which must include a minimum of 120 hours in each of the following: (1) community pharmacy; (2) hospital pharmacy; and (3) another pharmacy setting.
  - ❑ Internship hours completed in another state or territory of the United States will be accepted based on the approval of hours by the state pharmacy board of that jurisdiction.
  - ❑ Required internship hours for foreign pharmacy graduates who have received an FPGEC certificate will be accepted from any pharmacy setting in Utah or from the pharmacy board in another U.S. state or territory.
  - ❑ Evidence of completed internship hours must be documented to DOPL by the pharmacy intern at the time application is made for a Utah pharmacist license or at the completion of the Utah internship, if not seeking Utah licensure, by the following methods:
    - (a) Experience obtained by completion of professional experience courses in an accredited pharmacy program must be documented by submitting an “Hours for Professional Experience Courses” form accompanied by an official transcript of credits and evidence showing completion of the professional experience courses and conferral of an earned degree.
    - (b) Experience obtained under the supervision of an approved preceptor in a practice situation other than that described above must be documented by submitting a “Pharmacy Intern Hours Log” for each approved preceptor/intern relationship and each calendar year.
    - (c) Internship hours completed in another state or jurisdiction of the United States must be documented by submitting an official form from the appropriate licensing board attesting to the approval of the internship hours.
6. **Examination Instructions (NAPLEX and Utah MPJE):** You must understand and exactly follow the steps outlined below. Failure to do so will significantly delay the processing of your application and issuance of your Utah license.
- A. **NABP Registration:** Register online with the National Association of Boards of Pharmacy (NABP) at [www.nabp.net](http://www.nabp.net) so your name appears on the testing roster.
- NOTE:** If you do not have internet access, most schools and libraries provide such access to the public at no cost or a minimal fee or you may call NABP at (847) 391-4406.

- B. **Examination Fees:** There are separate fees for all examinations. It is the responsibility of the applicant to submit the fees directly to NABP. Registrations will not be processed by NABP until the appropriate fees are paid.
- C. **NAPLEX (North America Pharmacy Licensing Examination):** All applicants seeking licensure as a pharmacist in Utah must pass the NAPLEX. Before you can sit for this examination, you must be made eligible by DOPL. Once you have completed all requirements for a pharmacy program, submit a complete application for licensure to DOPL. DOPL will determine candidate eligibility based on the information contained in this application.

Completion of a pharmacy program must be documented by submitting an official transcript indicating graduation from a pharmacy program and conferral of an earned degree.

If you are seeking licensure by endorsement, you must verify your passing score on the NAPLEX by requesting a License Transfer from NABP. (See requirement #1 under the endorsement instructions, which start on page 2 of this application.)

- D. **Score Transfer:** If you already took the NAPLEX in another state, but have not been licensed as a pharmacist in any state, you may request a Score Transfer through the NABP website to have your NAPLEX score sent to Utah. Log-on to [www.nabp.net](http://www.nabp.net) and follow the score transfer directions.

NOTE: MPJE scores are not transferable between states. Therefore, if you took the MPJE in another state, you must still take the Utah MPJE. See below.

- E. **Utah MPJE (Multistate Pharmacy Jurisprudence Examination):** All applicants seeking licensure as a pharmacist in Utah must pass the Utah MPJE. Before you can sit for this examination, you must be made eligible by DOPL. Such eligibility will not be evaluated until you have submitted a full and complete application for licensure to DOPL, including all applicable fees and documentation. MPJE exams are valid for only 1 year.
- F. **Authorization to Test (ATT):** Once you have been made eligible, DOPL will notify NABP directly. NABP will then send an “Authorization to Test” (ATT) to their contracted testing agent. The testing agent will notify you regarding your ATT. (It can take up to three weeks for NABP to send your ATT to the testing agent.) Ensure that your address is correct so you can receive this notification. Address changes must be made to NABP and to DOPL. The ATT is valid for one year from the date of eligibility, approved by DOPL.
- G. **Examination Results:** Test scores will be mailed to the applicant by DOPL. Once these test scores are entered and the processing of your application is complete, a license will be printed and mailed to you. Do not call DOPL requesting your license number or test scores prior to receiving your printed license in the mail. This information will not be given out over the phone.

- H. **Examination Retakes:** If you fail an examination, you must re-register online with NABP and pay the appropriate fees to retake the failed examination. An examination may only be taken every 30 days or more. You must notify DOPL once you have re-registered in order to be made eligible again. You may schedule to retake an examination once you have received another Authorization to Test.
7. **Transfer of Pharmaceutical Licensure:** If you are licensed in another U.S. jurisdiction, you must contact the National Association of Boards of Pharmacy (NABP) for a “Preliminary Application for Transfer of Pharmaceutical Licensure” form. Complete and return it to NABP: 1600 Feehanville Dr., Mount Prospect, IL 66056-6014. You may download a copy of this form from [www.nabp.net](http://www.nabp.net) or call (847) 391-4406. All fees for this process must be paid to NABP before license transfer is completed.
- NOTE:** You must also complete this application for Utah licensure and return it to DOPL with the required fees.
8. **Fingerprint Information:** All applicants are required to undergo a criminal background check and fingerprint search through the files of the Bureau of Criminal Identification (BCI) and the Federal Bureau of Investigation (FBI). **Fingerprint cards that are not complete and/or properly rolled will be rejected, delaying the licensure process.**

To expedite the licensure process, you can obtain electronic fingerprinting at DOPL’s offices (160 E. 300 S., Salt Lake City), 8:00 a.m. to 5:00 p.m., Monday through Thursday, except holidays. Currently, there is no fee to roll electronic fingerprints for DOPL licensure applicants. A current government issued picture ID is required.

If you are unable to obtain electronic fingerprints at DOPL’s office, you must include three (3) blue fingerprint cards (Form FD-258) with your application. Fingerprint cards are supplied with the application if obtained from DOPL. If you downloaded the application from the Internet, you may obtain fingerprint cards from DOPL, the Bureau of Criminal Identification (BCI), or your local police station. **To have your fingerprints rolled onto the blue fingerprint cards, you must go to BCI or a local police station.**

**BUREAU OF CRIMINAL IDENTIFICATION (BCI) INFORMATION:**

- \$13.00 fee for up to three fingerprint cards
- Walk-ins only; no appointments taken
- Fingerprinting and Photo Services are available from 7:00 a.m. – 5:30 p.m., Monday - Thursday except holidays
- Government-issued picture ID required (*driver’s license, state ID, passport, etc.*)
- Website: [www.bci.utah.gov](http://www.bci.utah.gov)
- Phone: (801) 965-4569
- Address: 3888 W. 5400 S., Taylorsville, UT 84118  
(1/2 block west of Bangerter Highway, behind McDonalds)

**WARNING:** If information received from the Utah Bureau of Criminal Identification or the Federal Bureau of Investigation indicates that you have failed to accurately disclose your criminal history to the Division of Occupational and Professional Licensing, any pharmacy license issued to you will be immediately and automatically revoked.



**REVIEW OF YOUR FBI RECORD:** If you wish to challenge the accuracy of the information in your FBI record, you should contact the agency that contributed the information in question. You may also direct the challenge to the FBI, Criminal Justice Information Services (CJIS) Division, Attn. SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will forward the challenge to the respective agency.

9. **License Renewal:** All pharmacist licenses expire September 30 of each odd-numbered year. Additionally, your controlled substance license will expire at the same time as your pharmacist license and will also need to be renewed.

Unlike many other states, Utah's license renewal schedule **is not** based on the licensee's date of initial licensure. Under Utah's renewal system, all licenses in each profession expire as a group on the same day every two years. Therefore, the length of a licensee's first renewal cycle depends on how far into the current renewal cycle initial licensure was obtained. Each renewal cycle thereafter is for a full two years. Additionally, the fee paid with this application for licensure is an application-processing fee only. It does not include a renewal fee. Each licensee is responsible to renew licensure **PRIOR** to the expiration date shown on the current license. Approximately two months prior to the expiration date shown on the license, renewal information is disseminated to each licensee's last address of record, as provided to DOPL.

10. **Renewal Requirements / Continuing Education:** Each pharmacist is required to complete 30 hours of continuing education in each two-year renewal cycle. Persons licensed during the renewal period are required to complete 1.25 hours of continuing education for each month they are licensed. Of the 30 required hours, at least 1 hour must be in laws and ethics, a minimum of 12 hours must be live, and a minimum of 15 hours must be in drug therapy or patient management. All 30 hours must be approved by the Accreditation Council on Pharmaceutical Education (ACPE) and programs accredited by other nationally recognized healthcare accrediting agencies. It is your responsibility to keep these records. Do not submit them to DOPL unless requested.
11. **Updating Address Information:** It is your responsibility to maintain a current address with DOPL. If your address is incorrect, you will not receive renewal notices or other correspondence. Address changes can be made online at [www.dopl.utah.gov](http://www.dopl.utah.gov).
12. **Name Change:** If you have been licensed by DOPL under any other name, please submit documentation of your name change (i.e. copy of a marriage license or divorce decree).
13. **Ceremonial Certificate of Licensure:** After obtaining your license from DOPL, you can order a Ceremonial Certificate of Licensure, printed on parchment paper with original signatures and an embossed gold seal. Order forms can be obtained at [www.dopl.utah.gov](http://www.dopl.utah.gov).
14. **Acceptable Forms of Payment:** Licensure fees can be paid by check or money order, made payable to "DOPL." Cash and debit/credit cards (American Express, MasterCard,



and Visa) are also accepted in person at DOPL's main office – but not over the telephone.

15. **Mail Complete Application to:**

**By U.S. Mail**

Division of Occupational & Professional Licensing  
P.O. Box 146741  
Salt Lake City, Utah 84114-6741

**By Delivery or Express Mail**

Division of Occupational & Professional Licensing  
160 East 300 South, 1<sup>st</sup> Floor Lobby  
Salt Lake City, Utah 84111

16. **Telephone Numbers:** (801) 530-6628 or (866) 275-3675 – Toll-free in Utah

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# APPLICATION FOR LICENSURE

## GENERAL INFORMATION:

- Licenses Applying For: ☐ OPTION A: Pharmacist – Initial Licensure  
(requesting approval to take NAPLEX and Utah MPJE)
- ☐ OPTION B: Pharmacist by Endorsement  
(requesting approval to take Utah MPJE)
- ☐ OPTION C: Pharmacist Not Eligible for Endorsement  
(requesting approval to take Utah MPJE)
- ☒ **Controlled Substance (Required for Dispensing)**

Social Security Number: \_\_\_\_\_

Last Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Gender: ☐ Male ☐ Female Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Have You Ever Held A Utah License Before? ☐ Yes ☐ No

If Yes, Name of Profession: \_\_\_\_\_

If Yes, License Number: \_\_\_\_\_

## MAILING ADDRESS:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

## DO NOT WRITE IN THIS SECTION - FOR DIVISION USE ONLY

License/Certificate Number: \_\_\_\_\_

Date License/Certificate Approved: \_\_\_\_/\_\_\_\_/\_\_\_\_

Approved By: \_\_\_\_\_

Date License/Certificate Denied: \_\_\_\_/\_\_\_\_/\_\_\_\_

Denied By: \_\_\_\_\_

Reason for Denial/Other Comments: \_\_\_\_\_

Live Scan Fingerprint Code: \_\_\_\_\_

**PHARMACY SCHOOL REQUIREMENT:** *(Use additional sheets if necessary.)*

School Name: \_\_\_\_\_ Dates Attended: \_\_\_\_\_ To \_\_\_\_\_

Location: \_\_\_\_\_

Degree Received: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

School Name: \_\_\_\_\_ Dates Attended: \_\_\_\_\_ To \_\_\_\_\_

Location: \_\_\_\_\_

Degree Received: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

School Name: \_\_\_\_\_ Dates Attended: \_\_\_\_\_ To \_\_\_\_\_

Location: \_\_\_\_\_

Degree Received: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

**PROFESSIONAL LICENSES:**

List all licenses, registrations, or certifications issued by any state that you now hold or have ever held in any regulated occupation or profession. *(Use additional sheets if necessary.)*

Issuing State: \_\_\_\_\_ Profession: \_\_\_\_\_

License Status: \_\_\_\_\_ License Number: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Issuing State: \_\_\_\_\_ Profession: \_\_\_\_\_

License Status: \_\_\_\_\_ License Number: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Issuing State: \_\_\_\_\_ Profession: \_\_\_\_\_

License Status: \_\_\_\_\_ License Number: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Issuing State: \_\_\_\_\_ Profession: \_\_\_\_\_

License Status: \_\_\_\_\_ License Number: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Issuing State: \_\_\_\_\_ Profession: \_\_\_\_\_

License Status: \_\_\_\_\_ License Number: \_\_\_\_\_ Effective Date: \_\_\_\_\_

## AFFIDAVIT FOR UTAH LAWS AND RULES

I understand that it is my responsibility to read and understand all statutes and rules pertaining to my pharmaceutical practice in the state of Utah and I agree to comply with such.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

### OPTION A

#### INITIAL LICENSURE / NOT ELIGIBLE FOR ENDORSEMENT REQUIREMENTS:

*(Complete this section if you have never held a pharmacist license in any state or you are not eligible for licensure by endorsement.)*

Answer “yes” or “no.”

\_\_\_\_\_ I have included official transcripts with this application.

\_\_\_\_\_ I have completed 1,500 intern hours approved by the Utah State Board of Pharmacy.

\_\_\_\_\_ I have completed 1,500 intern hours approved by another pharmacy licensing board.

\_\_\_\_\_ I have registered with NABP to take the NAPLEX and the Utah MPJE.  
Date Registered: \_\_\_\_/\_\_\_\_/\_\_\_\_

### OPTION B OR C

#### ENDORSEMENT REQUIREMENTS:

*(Complete this section if you currently hold a pharmacist license in another state.)*

Answer “yes” or “no.”

\_\_\_\_\_ I have requested a License Transfer from NABP. Date Requested: \_\_\_\_\_

\_\_\_\_\_ I have registered with NABP to take the Utah MPJE. Date Registered: \_\_\_\_\_

\_\_\_\_\_ I have completed 1,500 hours in an approved internship.

\_\_\_\_\_ I have practiced 2,000 hours in the past 4 years.

\_\_\_\_\_ I have completed the required number of CE hours in my state of practice.

Number of Hours Completed: \_\_\_\_\_

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# PHARMACIST QUALIFYING QUESTIONNAIRE

Answer “yes” or “no” for each question. Do not leave any question blank.

1. \_\_\_\_\_ Have you ever applied for or received a license, certificate, permit, or registration to practice in a regulated profession under any name other than the name listed on this application?
2. \_\_\_\_\_ Have you ever been denied the right to sit for a licensure examination?
3. \_\_\_\_\_ Have you ever had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, or disciplined in any way?
4. \_\_\_\_\_ Have you ever been permitted to resign or surrender your license, certificate, permit, or registration to practice in a regulated profession while under investigation or while action was pending against you by any health care professional licensing agency, hospital or other health care facility, or criminal or administrative jurisdiction?
5. \_\_\_\_\_ Are you currently under investigation or is any disciplinary action pending against you now by any licensing agency or governmental agency?
6. \_\_\_\_\_ Have you ever had hospital or other health care facility privileges denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?
7. \_\_\_\_\_ Have you ever been permitted to resign or surrender hospital or other health care facility privileges, while under investigation or while action was pending against you by any licensing agency, hospital or other health care facility, or criminal or administrative jurisdiction?
8. \_\_\_\_\_ Is any action related to your conduct or patient care pending against you now at any hospital or health care facility?
9. \_\_\_\_\_ Have you ever had rights to participate in Medicaid, Medicare, or any other state or federal health care payment reimbursement program denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?
10. \_\_\_\_\_ Have you ever been permitted to resign from Medicaid, Medicare, or any other state or federal health care payment reimbursement program while under investigation or while action was pending against you by any licensing agency, hospital, or other health care facility, or criminal or administrative jurisdiction?

*(Continued on the next page.)*



11. \_\_\_\_\_ Is any action pending against you now by Medicaid, Medicare, or any other state or federal health care payment reimbursement program?
12. \_\_\_\_\_ Have you ever had a federal or state registration to sell, possess, prescribe, dispense, or administer controlled substances denied, conditioned, curtailed, limited, restricted, suspended or revoked in any way by either the federal Drug Enforcement Administration or any state drug enforcement agency?
13. \_\_\_\_\_ Have you ever been permitted to surrender your registration to sell, possess, prescribe, dispense, or administer controlled substances while under investigation or while action was pending against you by any health care profession licensing agency, hospital or other health care facility, or criminal or administrative jurisdiction?
14. \_\_\_\_\_ Is any action pending against you now by either the Federal Drug Enforcement Administration or any state drug enforcement agency?
15. \_\_\_\_\_ Have you been named as a defendant in a malpractice suit?
16. \_\_\_\_\_ Have you ever had office monitoring, practice curtailments, individual surcharge assessments based upon specific claims history, or other limitations, restrictions, or conditions imposed by any malpractice carrier?
17. \_\_\_\_\_ Have you ever had any malpractice insurance coverage denied, conditioned, curtailed, limited, suspended, or revoked in any way?
18. \_\_\_\_\_ If you are licensed in the occupation/profession for which you are applying, would you pose a direct threat to yourself, to your patients or clients, or to the public health, safety, or welfare because of any circumstance or condition?
19. \_\_\_\_\_ Have you ever been declared by any court of competent jurisdiction incompetent by reason of mental defect or disease and not restored?
20. \_\_\_\_\_ Have you ever been terminated from a position because of drug use or abuse?
21. \_\_\_\_\_ Have you ever had a documented case in which you were involved as the abuser in any incident of verbal, physical, mental, or sexual abuse?
22. \_\_\_\_\_ Are you currently using or have you recently (within 90 days) used any drugs (including recreational drugs) without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law?

*(Continued on the next page.)*

23. \_\_\_\_\_ Have you ever used any drugs without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law, for which you have not successfully completed or are not now participating in a supervised drug rehabilitation program, or for which you have not otherwise been successfully rehabilitated?
24. \_\_\_\_\_ Do you currently have any criminal action pending?
25. \_\_\_\_\_ Have you pled guilty to, no contest to, entered into a plea in abeyance or been convicted of a misdemeanor in any jurisdiction within the past ten (10) years? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed but minor traffic offenses such as parking or speeding violations need not be listed.
26. \_\_\_\_\_ Have you ever pled guilty to, no contest to, or been convicted of a felony in any jurisdiction?
27. \_\_\_\_\_ Have you, in the past ten (10) years, been allowed to plea guilty or no contest to any criminal charge that was later dismissed (i.e. plea in abeyance or deferred sentence)?
28. \_\_\_\_\_ Have you ever been incarcerated for any reason in any federal, state or county correctional facility or in any correctional facility in any other jurisdiction or on probation/parole in any jurisdiction?



**If you answered “yes” to questions 24, 25, 26, 27, or 28 above, you must submit a complete narrative of the circumstances that occurred for EACH and EVERY conviction, plea in abeyance, and/or deferred sentence. You must also attach copies of all applicable police report(s), court record(s), and probation/parole officer report(s).**

**If you are unable to obtain any of the records required above, you must submit documentation on official letterhead from the police department and/or court indicating that the information is no longer available.**

**If you have formally expunged a criminal record as evidenced by a court order signed by a judge, you do not need to disclose that criminal history. Expungement orders must be sent to the Bureau of Criminal Identification and the FBI to enable the expungement to be completed and the criminal history eliminated from the records.**



**If you answered “yes” to any of the above questions, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached.**

**A “yes” answer does not necessarily mean you will not be granted a license; however, DOPL may request additional documentation if the information submitted is insufficient.**

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**(FOR TWO-SIDED PRINTING)**

# **AFFIDAVIT and RELEASE AUTHORIZATION**

I am the applicant described and identified in this application for licensure, certification, or registration in the State of Utah.

I am qualified in all respects for the license, certificate, or registration for which I am applying in this application.

To the best of my knowledge, the information contained in the application and its supporting document(s) is free of fraud, misrepresentation, or omission of material fact.

To the best of my knowledge, the information contained in the application and its supporting document(s) is truthful, correct, and complete; and, discloses all material facts regarding the applicant and associated individuals necessary to properly evaluate the applicant's qualifications for licensure.

I will ensure that any information subsequently submitted to the Division of Occupational and Professional Licensing in conjunction with this application or its supporting documents meet the same standard as set forth above.

I understand that it is unlawful and punishable as a class A misdemeanor to apply for or obtain a license or to otherwise deal with the Division of Occupational and Professional Licensing or a licensing board through the use of fraud, forgery, or intentional deception, misrepresentation, misstatement, or omission.

I understand that this application will be classified as a public record and will be available for inspection by the public, except with regard to the release of information which is classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

I authorize all persons, institutions, organizations, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records, or information of any type reasonably required for the Division of Occupational and Professional Licensing to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.

Signature of Applicant: \_\_\_\_\_

Date of Signature: \_\_\_\_/\_\_\_\_/\_\_\_\_

Printed Name of Applicant: \_\_\_\_\_